

WLA
C814o
1854





69
OBSERVATIONS ON EPILEPSY,

ITS

PATHOLOGY AND TREATMENT.

✓
BY WILLIAM M. CORNELL, M.D.

18520
BOSTON :

FETRIDGE & CO., PUBLISHERS.

1854.

Annex

WLA

C8140

1854

Film No. 6776 - 2

OBSERVATIONS ON EPILEPSY.

CHAPTER I.

Case from Scripture—Ancients supposed it a special visitation from the gods—Definition of Epilepsy—Symptoms—Considered incurable by some—Cases of recovery under Dr. Herpin and others—Difficulty of localizing the disease—Is the brain affected organically or only functionally?—Portions of the brain excluded by Dr. Todd from being its seat.

THOSE acquainted with the Greek, the language in which the passage in Matt. xvii. 15, and the parallel one in Mark ix. 17, were originally written, will readily see that the child spoken of was “lunatic and sore vexed”—in other words, that he had *epilepsy*, or the *falling sickness*. Often he fell “into the *fire*, and into the *water*.” How much devil, more than natural sickness, there was in this case, we shall not attempt at present to measure. That it is a vivid description of epilepsy, no one can doubt who has ever been familiar with this disease. The original Greek word for epilepsy means *to seize suddenly*. The seven devils cast out of Mary Magdalene were doubtless *epilepsies* under demoniacal influence. The ancients called a person, when sick with this disease, *lunatic*, because they supposed it to be connected with the *changes of the moon*. It is very doubtful, however, whether the moon has anything more to do with it than with the planting of cucumbers, or the “coming of soap,” or the best time for killing pork. It is well known that epileptic attacks take place at any time, and through all the phases of that “silvery orb.”

This sickness has been called by various names, in different nations, and in different times, as it has been known to exist from the earliest ages. Many of the ancients supposed it to be of a *devilish* or *demoniac* origin, inflicted by the malice of their deities, or demons, between which there was not much to choose. The Romans considered an attack of this disease as an ill omen; and if it occurred in the forum all business was suspended for the day. Hence they called it *morbus comitialis*. As

they had an abomination for the disease, and wished to avert it from themselves, they used to spit in the face of the epileptic; and hence they gave it the name of *morbis qui sputatur*. The French have two names for it, each designating the character of the attack. The lighter, they call the *petit mal*; the graver, the *grand mal*.

It is difficult to give a perfect *definition* of epilepsy, and I shall not attempt it. The leading symptoms of an attack are the following. An unearthly screech, such as has been known to frighten women into hysterics, and to cause "a parrot to drop from his perch seemingly frightened to death by the appalling sound"; loss of consciousness; clonic spasm; sudden falling; embarrassed breathing; turgid and livid face; choking sound in the windpipe; brows knit, features much distorted; light and sometimes bloody foam issuing from the mouth; urine and faeces sometimes unconsciously expelled by the force of the spasm. When the convulsions have subsided, the patient is left exhausted, stupid and comatose.

The fits usually commence by the mouth twisting awry, the eyes quivering and rolling about, the chin raised, and by sudden jerks brought round towards one shoulder, the tongue thrust between the teeth and often bitten. During the paroxysm there is usually violent palpitation of the heart, and frequent and feeble pulse. Sometimes no pulse can be felt at the wrist.

Such are the *symptoms* of a severe attack. But sometimes the greater part of these symptoms are absent. Consciousness is lost for a moment, accompanied by a fixed gaze, or a tottering step, and a look of confusion; and all is over. The patient then goes on with conversation or business, as though nothing had happened.

Dr. Cullen defines epilepsy to be a "*malorum convulsio cum sopore*." Dr. Copland, "Sudden loss of sensation and consciousness, with spasmodic contraction of the voluntary muscles, quickly passing into violent convulsive distortions, attended and followed by sopor, recurring in paroxysms often more or less regular."

Epilepsy has been considered by most physicians an incurable disease. It has, indeed, generally proved so, and hence there are physicians who advise that nothing be done—that the case be left entirely to nature. That it would be better to follow such advice, and *do nothing*, than to do what has often been done, will appear in the sequel.

But others, of more wisdom and foresight, recommend a different course. From the fact that many have been freed from this disease, by medical treatment, they advise that efforts be made to deliver the patient from this grave malady. Thus we find most of the standard writers

upon medicine enumerate more or less recoveries from this disease, and advise patients afflicted with it to continue to seek relief from medical skill. Dr. George B. Wood, of Philadelphia, in his "Practice of Medicine," says, "When not dependent on any permanent organic disease, epilepsy may often be cured, if taken at the outset; and there is reason to believe that the germ of many an epileptic case is destroyed by the proper treatment of the occasional convulsive paroxysms, which so frequently come under the notice of the physician. Cures sometimes, also, take place in cases of considerable duration; and there is no reason to despair in any case, unless obviously connected with incurable organic disease." Dr. Eberle says, "Dr. Dewees has expressed contradictory sentiments, in relation to the curableness of this disease. Under the head of *treatment* he asks, 'what plan of treatment has ever succeeded in curing epilepsy? Has epilepsy ever been cured?' Under the head of *diagnosis*, however, he says, 'when the disease is symptomatic, it is occasionally curable. Those attacked between the fourth and tenth year may be cured by proper treatment.' This is just such an inconsistency as all those are liable, I may add compelled, to fall into, who maintain that epilepsy is in all cases, or *generally*, incurable. When the brain is essentially diseased at the commencement of epilepsy, it *is*, doubtless, incurable; but I think it will clearly appear, in these observations, that such cases are very rare—at most, not one in twenty of the whole number. Such has been the experience of the writer in as large a number of epileptic patients, probably, as has fallen to the lot of any one physician in this country.

In reference to Dr. Dewees's remarks, as above, Dr. Eberle continues—"Most assuredly this latter sentiment accords with the experience of the ablest of the profession of all ages. However appalling and really intractable this disease may in general be, perfect cures are by no means so uncommon as the doctor's interrogatories might lead one to suspect. I have known at least five distinctly-marked cases cured under my own observation, two of which were of more than two years' standing, and one above six years."

Such is the testimony of Dr. Eberle, a man who wrote one of the best systems of "Practice" in our country.

Boerhaave, Van Swieten, Storck, Richter, all state cases of cure under their treatment. Frazer says he cured nine cases out of eleven. Drs. Prichard, Latham, Young and Percival, also give cases of cure under their treatment. Thus we have abundant evidence from the highest medical authority to discountenance the idea that nothing can be done to remove epilepsy in ordinary cases.

If the question were, is epilepsy *ever* incurable? no one would deny that it is. But, when the question is, whether it is ever curable, all intelligent physicians say yes, and that it may always be remedied where the brain is not really diseased at its commencement; and we hope to show from the highest authority that such cases are very rare.

While we have never made any pretensions to remedying this disease in all cases, we are fully satisfied that the inculcation of the idea that nothing can be done, and that, ordinarily, nothing should be attempted, has resulted in great injury. It has discouraged and rendered incurable many who might have recovered; and it has been in opposition to the views and experience of the most eminent physicians of all ages. We have given, in the above references, but a very small portion of the names of physicians under whose treatment recoveries have taken place in this very afflictive disease.

In the *Union Medicale* for December 1st, 2d, and 7th, 1852, Dr. Herpin, of Geneva, gives the following *results* in treating epileptic patients. "Of twenty-six female patients, sixteen were cured, six were improved, and four were incurable. Of twenty-four male epileptics, twelve were cured, four were improved, and eight were incurable. Of thirty-five patients under 20 years of age, eighteen were cured, nine improved, and eight incurable. Of nine patients, aged from 20 to 50, five were cured, one was improved, and three were incurable. Of six patients, aged from 50 to 80, five were cured, and one was incurable. Of twenty-three cases which had existed less than a year, fifteen were cured, five were improved, and three were incurable. Of twenty-five cases of from one to twenty years' duration, thirteen were cured, five were improved, and seven were incurable."

Thus, from the experience of this Genevan physician, it does not look as though there is no encouragement to treat epileptic patients. On the contrary, even cases of twenty years' standing are curable. An anonymous writer in the number of this Journal for Aug. 2, 1854, has related several cases wherein permanent cures were effected in this disease.

Difficulty of Localizing Epilepsy.—All the known phenomena of this disease point to the nervous system as chiefly, concerned in inducing it. The muscular convulsions are consequent to, and dependent upon, the nervous disturbance. On the other hand, the strong muscular force developed has a powerful re-action upon the nervous system.

What part of the nervous centres is disturbed in this disease? Is it the brain, or any one part of it; or is it the spinal cord; or both, or all of them? It is not simply a disease of the nerves. There can be no

doubt but the irritation of a nerve, at its periphery, may so irritate the nervous centre, as to induce epilepsy; and the phenomena of this disease would not be exhibited, unless these centres were much disturbed. In the development of the epileptic paroxysm, the first phenomenon is loss of consciousness, and then follow muscular convulsions. It is well known to every intelligent physiologist, or pathologist, that loss of consciousness is never the sequence of lesion or disturbance of the spinal cord—that, in all diseases of a special spinal origin, consciousness usually remains perfect.

Suppose, then, we look into the brain for the primary disturbance in the epileptic paroxysm. The brain, it is well known, is composed of several parts, each of which, no doubt, discharges a particular function, and all of which united constitute the brain.

We will begin with the *medulla oblongata*. If this were so far disturbed, as to produce convulsions, they would be *tetanic*, not *clonic*. It is well known that, though the convulsions, in epilepsy, are sometimes *complicated* with *tetanic*, yet there are always alternate contractions and relaxations, such as do not occur in that disturbance of respiration or laryngismus always arising from primary disease of the medulla oblongata. If the medulla oblongata were the primary cause of epilepsy, *laryngismus would always attend it*. But this is not the case. Moreover, loss of consciousness is sometimes the only symptom of epilepsy. No degree of lesion, in the medulla oblongata simply, would account for this.

The *corpora striata* and *optic thalami* are different in structure, and, doubtless, differ in function. Whatever that function may be, it is generally admitted that it has no concern in *mental* operations; of course, none with consciousness. If they are diseased, motion, or sensation, or both, may be paralyzed; but consciousness remains undisturbed, unless the lesion extends to other parts of the brain. No disease of these parts, then, will account for the *first* symptom of epilepsy—loss of consciousness. Besides, no mechanical irritation of them will produce *convulsions*. Neither the primary nor secondary symptoms of epilepsy, then, can be produced by any disease of these bodies.

For the same reasons, we must also exclude the *cerebellum* from being the cause of this disease.

Is the *cerebrum* implicated in epilepsy? It most certainly is. All physiologists agree that this is the seat of the intellectual power—of consciousness. As loss of consciousness is the first symptom of epilepsy, the *cerebrum* must be implicated. It will be a question hereafter to be considered, whether this implication implies *disease of structure*, or of *function* only.

Whenever the cerebrum is diseased, or not properly nourished, the mind suffers. We have stupor, or delirium, or mania. Disease of the membranes covering the cerebrum causes the mind to be impaired, by their proximity to, and connection with, the cerebrum. These parts being disturbed, we can account for the *first* phenomenon of epilepsy, viz., *loss of consciousness*.

It is our belief that the structure of the cerebrum is not diseased, usually, in the commencement of epilepsy; and in this position we are fully sustained by the following remarks of Foville. "The brains of persons dead of epilepsy, in its earliest periods, exhibit nothing, absolutely nothing, which differs from the normal state: unless they have died in the attack, when the cerebral congestion, which exists, is a feature, not of epilepsy, but of the state of asphyxia induced by it. Still, in the more advanced stages of the disease, when the patients have experienced many fits, morbid appearances are met with, and these affect the hemispheres chiefly."

"The convulsions," says Dr. Todd, "are caused by involving the *mesocephale*, either by irritation from the superficial parts of the cerebrum, or by these parts being more directly implicated, or by both."

It is not yet known *how* the nervous influence, or tension in the brain or other nervous centres, accumulates. We believe it to be caused by a poison, or an abnormal state of the vital fluid. This poison seems to excite a polar state of the brain, which is reduced to an equilibrium, by the discharges which take place; frequently, with great rapidity, yet leaving no trace behind, and no foot-prints of disease, till the nervous battery is again charged by the poison. Then, a new explosion takes place. That such is a correct theory or plan of epilepsy, we think, will more abundantly appear in the sequel; and also, that the general course of remedial measures has not been the one best calculated to remove the difficulty. It is our decided opinion that the structure of the brain is not injured in this disease, until after repeated attacks; and hence it is not, properly, a disease of the brain. That the brain suffers more or less, at each explosion, is no doubt true; but that the cerebrum, or hemispheric lobes, are the primary seat of epilepsy, as maintained by Dr. Todd, in his "Theory" of this disease, we want proof, and we will now adduce some arguments to show that such is not the fact. In doing this, we freely admit that there must always be *functional* disturbance of the cerebrum; or the first symptom of epilepsy, namely, loss of consciousness, could not occur. But in most cases, it is *only* functional.

CHAPTER II.

Epilepsy not primarily in the cerebrum—Not in any part of the brain, generally, except by sympathy—One *original* cause of epilepsy—Many *exciting* causes—Dr. Radeliffé's views—Disease of the blood the chief cause—Depletion injurious—Confirmed by cases—Dr. Copland's opinion of venesection in epilepsy.

THAT the primary disease is not in the cerebrum, is proved *first*, by the fact, that "no disease of this part of the brain will cause convulsions;" and *secondly*, by the fact, so often found by dissection of subjects dead of epilepsy, and no manifestation of disease showing itself in the cerebrum, except "when the epilepsy has been long continued," and this part of the brain has suffered with others, *sympathetically*, from the "often-repeated attacks." Foville says, "The brain of persons dead of epilepsy, in its earlier periods, exhibits nothing, absolutely nothing, which differs from the normal state," &c. Still, in the more advanced stages of the disease, when the patients have experienced many fits, morbid appearances are met with, and these affect the hemispheres of the brain chiefly."

Dr. Carpenter, in his "Physiology," speaking of "pathological phenomena," says, "Many instances are on record in which extensive disease has occurred in one hemisphere, so as almost entirely to destroy it, without either any obvious injury to the mental powers, or any interruption of the influence of the mind upon the body." If this be so, is it probable that a disease, which affects the mind as much as epilepsy does, could *first originate* in the hemispheres, and yet there be no trace of disease having existed there until the epilepsy had continued for a long time?

If Dr. Todd had said the *cerebellum* was the primary part where epilepsy is "*located*," he would, doubtless, have come quite as near the truth, and been as well sustained by post-mortem appearances. M. Wentzel, whom Dr. Eberle called "an indefatigable anatomist," in a very great proportion of heads which he examined, of patients dead of epilepsy, found the *cerebrum perfectly sound*, whilst the *cerebellum* was uniformly in a diseased condition. The part which he found most frequently affected was the *pineal gland*. "The *cerebellum* was, generally, of a dusky red, approaching to a blackish color; in some cases it exhibited a whitish or yellow hue; and, in a few instances, the posterior lobe was of a gray color. This portion of the encephalon was sometimes very soft—more frequently, it presented a preternaturally hard and compact structure."

As to “the *mesocephale*” of Dr. Todd, upon “the disturbance of which,” he says, “the *convulsions* depend,” we think he would have been better sustained if he had said the *whole* of epilepsy depended upon *these* portions of the brain, or upon these in connection with those parts of the nervous system which he *excluded from being concerned in it*. We believe they depend much more upon the quadrigemina, the medulla oblongata and spinal cord, than upon either the cerebellum or cerebrum; and that this “localizing” of the convulsions will much better account for all the epileptic phenomena—both the coma, *sympathetically affecting the cerebrum*, and the *convulsions*, by irritating the medulla oblongata and spinal cord.

As it respects the *motor* apparatus, we are sustained in this opinion by the experiments of M. Flourens and M. Hertwig. They show that that part of the motor apparatus which causes convulsions consists of the corpora quadrigemina, medulla oblongata and spinal cord, while injuries inflicted upon the optic thalami, corpora striata, the cerebrum, the pons varolii and the cerebellum, cause *enfeebled* motion, but no convulsions. Indeed, if any point in physiology is established, so far as the brain is concerned, it is this—viz., lesions or irritation of the medulla oblongata and spinal cord, *always* cause convulsions.

Müller, also, in reference to this same subject, says, “Although owing to the re-action of different parts of the brain on each other, it is probable that other parts than the corpora quadrigemina and medulla oblongata may, in disease, excite convulsions by sympathy, yet from the facts above mentioned (by Flourens and Hertwig) we may infer that, when the power of motion of the limbs is defective from disease in the central organs, the cause may be seated, either in the corpus striatum, thalamus opticus, hemispheres, pons, cerebellum, medulla oblongata or medulla spinalis; but that, in cases of *convulsions*, or *convulsions* with paralysis, dependent on diseases of the brain or spinal cord, *the seat of the disease is more likely to be in the corpora quadrigemina, medulla oblongata or spinal cord, than in the other parts of the nervous centres.*”

All the writers upon this subject have been more or less deficient and obscure; and even M. Solly, who may be said to be among the *most able* of them, is, sometimes, not a little misty. As it is a nervous subject, it is possible they have all been a little *nervous*. Sir Charles Bell was *reported* to have thrown much light upon this system; but Dr. Alexander Walker represents Mr. Bell’s light as only *lunar*, and charges him with having *stolen his thunder*, which he (Walker) fulminated to his pupils several years before Bell knew anything about it.

Verily, the *Titan* race were not all destroyed when the Roman poet had the following vision :—

Vidi et crudelis dantem salmonea poenas,
Dum flammæ Jovis et sonitus imitantur Olympæ.

Thus we may be consoled with the reflection that ours is not the only age or country, in which some *'jump-up-behinder* has *stolen thunder*, as in the ether and collodion controversies of our times.

The plain fact in the case is, *dissections do not explain the phenomena of epilepsy*. Every part of the brain, at different times, and by different pathologists, has been found diseased, where no epilepsy and no mania, nor any other mental aberration, was manifested during life ; and, in many cases where epilepsy and insanity had existed, no *trace of a diseased brain has been found*.

Dr. Badeley, in his Lunnleian lectures, speaking of insanity complicated with epilepsy, says—"In recent cases, it frequently happens that no disease of structure can be detected. In no class of diseases is this more frequently the case than in those of the nervous system. The structure of the brain and nerves is so extremely delicate, and there is something so subtle in their mode of action, that considerable disturbance often arises in their functions, without our being able to detect a corresponding physical cause. Many of these disorders are, consequently, termed *functional*."

On the other hand, Dr. B. adds, "disorganization of cerebral substance may exist, to a considerable extent, without any manifestation of it during life ; and large quantities of the brain have come away, after severe fractures of the cranium, without any deterioration of the intellect. Instances of this are recorded in the *Edinburgh Medical and Surgical Journal* ; and I have heard, also, of a boy who, on a portion of the brain coming away, through a fissure in the skull consequent on violent injury, requested that it might be sent to his schoolmaster, in refutation of the schoolmaster's having often told him '*he had no brains*.' In a word, great diversity, uncertainty and difference of opinion, exist on the pathology and physiology of this important organ, notwithstanding the results of dissections and all the researches that have been made."

If any one wishes for further proof that the brain may be very much injured and the patient still live and have the powers of his intellect but little impaired, let him read the account of Phineas P. Gage, of Vermont, as given by Dr. Harlow, in the 39th volume, page 389, of the *Boston Medical and Surgical Journal*. There he will find that an iron bar, 3 feet 7 inches long, $1\frac{1}{4}$ inch in diameter, and weighing $13\frac{1}{4}$ pounds, was driven through the head, from below the zygomatic arch, passing

through the anterior lobe of the cerebrum, and coming out at the median line at the junction of the coronal and sagittal sutures. In this case there were very slight convulsions, but *general tremors and debility of the lower extremities*.

Dr. Carpenter, in his "Human Physiology," says, "No irritation or injury of the cerebral fibres themselves, produces either sensation or motion. Even the thalami and the corpora striata may be wounded without the excitement of convulsive actions; but if the incisions involve the tubercula quadrigemina, or the medulla oblongata, convulsions uniformly occur. When convulsions occur during diseases which appear limited to the cerebrum, we infer that the medulla oblongata and spinal cord are involved."

Hence we infer that those pathologists who refer epilepsy in all cases to *disease of the cerebrum or the cerebellum*, have been mistaken. No disease of these (strictly confined to them), will produce the manifest symptoms, or *convulsions* of epilepsy; while a lesion, or even a *sympathetic* influence upon the tubercula quadrigemina, medulla oblongata or spinal cord, will produce the convulsions of epilepsy, without involving, except sympathetically, either the cerebrum or cerebellum. The functions of the cerebrum, and its structure even, may be disordered, in the language of Foville, "by repeated epileptic attacks," and, undoubtedly, often are; but this is a very different affair from its being the *original seat* of epilepsy.

Dr. Carpenter says again (sec. 502), "Of the proper *convulsive* diseases, it appears that the whole may be attributed to a morbid state of the cranio-spinal axis and its nerves:" and in section 503, he says, "epilepsy is a convulsive disease, whose original seat is in the cranio-spinal axis, though the cerebrum is also affected." Dr. C. has entirely set aside the *cerebellum* from having any concern in epilepsy.

Dr. Todd has excluded the *cerebellum*, the *medulla oblongata*, the *spinal cord*, the *corpora striata*, and the *optic thalami*, from having any concern in the *first* symptoms of epilepsy. He then adds, "there remain only two parts of the brain in which we can *localize* the primary disturbance of the epileptic paroxysms—namely, the *hemispheric lobes* and the *mesocephale*." He supposes the *cerebrum* or *hemispheric lobes* must be implicated, because there are loss of consciousness and other mental phenomena, which cannot take place unless these hemispheres are diseased. But are there not loss of consciousness, and the same mental phenomena, in *every case* of epilepsy? Why, then, are not these hemispheric lobes diseased in the *first periods* of epilepsy, instead of, as Foville says, only "after repeated attacks"? Dr. Todd admits that

the *convulsions* are not caused by disease of the cerebrum. Thus far, Dr. T. and Dr. C. are agreed; and between them both they have stated that the convulsions of epilepsy are not dependent upon either the *cerebrum* or *cerebellum*.

In this opinion, undoubtedly, they are both correct; and if they had maintained that the mental phenomena were produced simply by *sympathy* of the cerebrum with other parts of the organism, it is believed they would still both have been correct, and their opinions would have harmonized with the experiments of Foville.

Original Cause of Epilepsy.—My own theory of epilepsy is this. It may be caused by direct injury of the brain; but not one in an hundred cases is thus caused. The original foundation of the disease is in the blood—a want of nutrition; or, of nervous energy, which always results from degenerated blood. The exciting cause is much oftener *sympathetic* than any other; and this is conveyed to the brain and spinal cord, by the *afferent* nerves. The abnormal state of the blood accounts for the *nervous diathesis* (if I may so call it; and I think we may as properly do so, as we may speak of a *scrofular diathesis*, &c.). I mean by this term, simply, what we find in a nervous patient, a general relaxation of the system. I confess the term generally comprises we know not what; and when we speak of a *nervous* disease, we virtually acknowledge our own ignorance.

The *exciting* cause may be any thing which irritates, through the nerves, the parts upon which loss of consciousness and convulsions depend. Thus, I have had cases of epilepsy which depended upon *ascarides*. Certainly five children and two adults have come under my care, where the epileptic paroxysms were caused by worms, as was proved by the removal of the epilepsy when they were destroyed; in four of which, they were destroyed by simple *enemata* of aqua calcis, and in the other—where they existed higher in the alimentary canal—by the administration of *oleum terebinth.* and *oleum cajeput.* with worm seed. By a similar irritation of the mucous membrane of the canal, from any other cause, as indigestible food, chronic inflammation, or acrid poisons, &c., epilepsy may be caused, as I have often found. The fact that there are found upon dissections of the bodies of those who have been epileptic, marks of disease in the mucous membrane of the intestines, has led some of the French pathologists to “localize” the seat of epilepsy there, and with quite as much propriety, in my opinion, as in the “hemispheric lobes” of the brain.

The idea of epilepsy being thus produced by irritation, is recognized

by many physicians; among whom may be cited Dr. Burbaum, who reports the following cases in the *Nues Repertorium*.—"A boy, 15 years old, of feeble constitution, who had formerly suffered from attacks of quotidian intermittent, was seized with epilepsy. All his functions were normal, only his pulse was remarkably slow, hardly 50 in a minute, small and contracted. All the cervical vertebræ were sensitive; pressure on them causing pain in the arm, as far as the elbow joint. H. T., 21 years old, pale, but of a strong constitution, had suffered from epilepsy since childhood. Twelve days after the last attack, all the cervical and the four upper dorsal vertebræ were found painful; pressure on them caused in the eyes and throat a sensation, which forced the patient to hawk frequently." Here, it is evident the trouble or exciting cause was in the *spinal cord*.

I have had ten cases of epilepsy in young females, where it was excited by *suppressed menstruation*. In these cases it seems to be wholly through a *sympathetic* influence exerted upon the nervous centres. It is believed that this is one of the most common ways in which epilepsy is induced.

Dr. Burbaum also relates the following case of this kind. "Mrs. H., 30 years of age, of healthy appearance, had been for two years attacked with epileptic convulsions. Her menstruation had not re-appeared during the six years of her marriage, in the course of which she had borne three children. The third cervical and the eighth and ninth dorsal vertebræ were painful on pressure. Two months after this examination, menstruation appeared again. For more than eight weeks from this date she remained free from epileptic attacks. As her menses were again suppressed, they returned. All the cervical and the nine upper dorsal vertebræ were then painful. At last, the convulsive attacks ceased of their own accord."

In our opinion Dr. Carpenter has developed the cause of epilepsy in the following remarks. "There appears much reason to believe, that, although the epileptic paroxysm may be immediately excited by some peripheral irritation, &c., it is really dependent on disordered nutrition of the nervous centres, depending, it may be, upon the presence of abnormal matters in the blood." This is the cause, in our opinion, of epilepsy—*the want of strength, or of proper nutrition in the system, or poison in the blood*. Hence, we regard it as a diseased or impoverished state of the blood.

Dr. Radcliffe, of London, has given the following opinion of the nature of epilepsy. He says, "the *temperament* of epileptics shows unequivocal marks of weakness and depression. Signs of scrofula, or some other

cachectic disposition—of depressed and feeble circulation, of defective nervous activity, of muscular feebleness, may always be detected—but never the signs of true plethora, or of hyper-activity in the nervous or any other system. When epilepsy has shown itself in persons distinguished by their talent and genius, it has been in the state of exhaustion induced by the exercise of that talent and genius. When it has been associated with insanity, the convulsive disorder has coincided with the intervals of *depression*, and never with the periods of quasi *excitement*.”

Dr. R.’s views of the cause, nature and treatment of epilepsy, harmonize nearer with my own than those of any other author that I have read. The writer can say, “I have found the temperament of epileptics distinguished by unequivocal marks of weakness and depression,” and the other signs of a debilitated constitution, named by Dr. R.—such as scrofula, or other cachectic disposition, of depressed and feeble circulation, defective nervous activity, muscular feebleness, &c. I may also here add, that in proportion as *nervous depression and melancholy have prevailed* in these cases, the difficulty of accomplishing a cure has augmented; so that I now look upon those who present these features, accompanying the convulsions, as among the most hopeless cases; and am compelled, at the outset, to give an unfavorable prognosis in their cases. The muscular and nervous systems are depressed, both before and after the convulsions. The sad, moody, silent and still state of the patient *before* the fit, indicates an inactive state of the brain. The corpora quadrigemina, pons varolii, medulla oblongata and ganglionic centres, with the spinal cord, are also in an inactive state. I have often thought that, in many of the patients who have come under my care, epilepsy existed *without any local disease* to cause it. In a word, I may say, I believe epilepsy is caused by *debility*, arising from impure blood; but the disease is developed by many exciting causes. The blood, which is “the life,” is diseased or poisoned. The convulsion, or the paroxysm, may be *excited* by an hundred causes; but *the* cause, the real foundation (and what perpetuates the trouble) lies back of all this—a *prostration* of the system, a general *want of nutrition*, or a *degeneration* of the blood, without a due supply of which, both in quantity and quality, depositing its appropriate *cell-work* at every fibre of the organism, the body must deteriorate. “He needs (says Dr. Radcliffe) to study physiology and pathology anew, who does not know that muscular contraction is always the *withdrawal* of nervous and other stimuli which appertain to the muscles; and never the result of the communication, or importation of these stimuli.” These facts being clearly established, as the cause of epilepsy, we may well

ask, how long will it take to remove this cause, and thus take away the effect, or cure epilepsy, upon the *antiphlogistic* or *depleting* plan? Is it not as plain as the sun-light, that the *lancet* and *purgatives*, and the whole paraphernalia of *debilitants*, might be employed *ad eternum*, and the difficulty only be thus long augmenting? I have had patient after patient, who had been the whole round of this system, again and again, until they "had spent their whole living, and were nothing bettered, but rather grew worse;" and who, upon being put upon a different treatment, have soon improved: in some instances, the convulsions disappearing entirely; in others, where they had occurred once a month, the patients going three, four or six months, without an attack. In accordance with these views are the following remarks of Dr. Badeley, on the treatment of *insanity* and *epilepsy*, and indeed all nervous diseases. "There is great expenditure of the nervous energy, where the brain is thus seriously excited; and this, in my humble opinion, is a main reason why depletion cannot be borne—why sudden prostration is likely to succeed, and why death follows fast upon it. Pinel opposed bleeding most strenuously, as tending to retard recovery, and even to render recovery doubtful. Dr. Rush was particularly blood-thirsty. Dr. Pritchard believed the cases to be very few which would yield to large depletion, and considered that the existence of the patient would be much endangered by it. Dr. Barrows, who, following the example and trusting to the experience of others, tried depletion for several years, admits that 'he discovered his error,' and changed his practice, after which he met with much better success."

Now, if I am not mistaken, Dr. Badeley has here divulged the *bane*, the *primum malum* of the medical profession, in the practice of Dr. Barrows—"following the example and trusting to the experience of others." The physicians who think of deviating from the ordinary routine of practice, or of not *following the books*, in my humble opinion, are "few and far between;" and there is a cause for this—for if a physician does thus deviate, there is danger of his losing caste, and being frowned upon by those whose *dictum* is *Judex* in high places; and never, till each physician has independence enough to use his own judgment, in the treatment of disease, can the profession hold up in its front the motto "*Excelsior*," and be progressive.

I will, in the sequel, show how these views, namely, that epilepsy arises from debility, have been sustained by cases which have come under my treatment. It is well known that fear, or fright, is a *depressing* passion; and joy, an *exalting* one. Now, I have had a large number of cases, where epilepsy originated in the former, fear, but not one in which

it was caused by the latter, joy. If these data are correct, and I think they are, it becomes a question whether they do not go to prove the diagnosis of epilepsy to be, from *debility*. In one of the first patients I ever had with epilepsy, it was induced by *fright*; and when I saw him first, he had had the convulsions more than a dozen years. When about 15 years of age, he, with another lad, a little younger than himself, was sitting up with the corpse of his grandmother. They were below, and the body of the woman in a chamber over their heads. Suddenly there was a clattering noise, apparently in the room above. They were both very much frightened, and the elder one had a fit, and continued to have fits about once in three weeks afterwards, for a number of years. The cause of the noise was discovered to have been the jumping of a cat from one side of a pantry to the other, in the upper entry-way, upon a batch of tin milk-pans. The weight of the cat causing the centre of gravity in the milk-pans to fall in a different place, precipitated them to the floor, and their falling occasioned the noise which the young man, for the moment, supposed was caused by the coming to life, or the resurrection, of his grandmother.

A young lady, who had been subject to epilepsy for seven years, stated, that the *first fit* came on immediately upon a physician's informing the family that her mother could not recover from a fit of sickness. The fits afterwards returned once in every two weeks.

A little boy, 6 years of age, had the *first fit* when an older brother threatened to give him to a large dog, by which the child had previously been much frightened.

Dr. Webster, of London, mentions the following case:—"Respecting the causes often producing epilepsy, he considered *terror* as one of the most powerful; of which a very striking example, some time ago, came under his observation. It was that of a young woman who was frightened by a fellow servant, disguised as a ghost, with a light in his hand, when he suddenly appeared before her, at the end of a dark passage. She became so alarmed as to fall down in a fit of epilepsy, which afterwards frequently returned."

Dr. Eberle says, "Fear, terror and grief, and other disagreeable sensorial and mental impressions, have been known to give rise to epilepsy. I have met with three instances that were excited by terror. Locker states that six out of fourteen cases of this disease, which came under his care in the Hospital St. Mark, at Vienna, were produced by terror."

I could name many other cases in which epilepsy has been induced by *fear*; but will not occupy further space to do it.

A large number of epileptics, certainly as many as twenty-five, who

have come under my care, have confessed that they were addicted, when young, to the habit of *masturbation*; and every physician knows that this habit, long pursued, prostrates all the vital energies. It is, perhaps, the most common origin of epilepsy.

Epilepsy is not, strictly speaking, often *hereditary*, though it frequently happens, where one of a family has the disease, others are apt to be affected with it. It is, however, in my opinion, more to be ascribed to *seeing their friends in these fits*—to frights on this account, than from any real congenerate transmission. The idea, which the writer wishes to convey, may be gathered from the following curious case, recorded in the Annals of Medicine for 1801:—"At the age of 24, the Marquis Anthony Julius Brignole was first seized with epileptic fits. Previous to this period his lady had borne him one son; at that time she was pregnant with a second, when, unfortunately, she saw him under his first attack. When with child the third time, the same unlucky occurrence took place. A fourth son and two daughters were begotten after the father was cured. The eldest son never had any epileptic symptoms; the second son suffered much from epilepsy; and the third son, after having borne many attacks, died in an epileptic paroxysm. Neither the fourth son, nor either of the daughters, ever had any epileptic symptoms."

This case was reported by Dr. Batt, of Genoa, and he appropriately asks, "may we not from these facts reasonably infer, that the epilepsy in these two children owed its rise solely to the agitation of the mother, independent of the father's ailing? and that it was properly connate, and neither congenerate nor hereditary."

Still, I am of the opinion, as has been already expressed, that there is sometimes what may be called a *hereditary predisposition* or *epileptic diathesis*.

Six cases of epilepsy have come under my treatment, where the disease was induced by, or speedily followed, loss of blood. Four were caused by *epistaxis*; two by hemorrhages from incised wounds. Besides these, many others have had the fits augmented and perpetuated by *venesection*, employed as a *curative* treatment. As Dr. Radcliffe has effectually answered Dr. Marshall Hall's argument in favor of bleeding, for *congestion in epilepsy*, by showing that it could do no manner of good, as the fit commences *before* the congestion shows itself, and ceases *when* it ought to be the most violent (if caused by the congestion), that is, when the congestion is the greatest, it would seem as though no more need be said to induce all practitioners to cease using the lancet in epilepsy. Dr. R., with the strength of a giant and the keenness of an

eagle's eye, has scattered to the four winds all the arguments of so eminent a man as Dr. Hall in favor of such practice, and left the "*dissecta membra*" of all his successors in the same course of treatment, like the records and wealth of old Troy, "*nantes in gurgite vasto.*" Yet some physicians are found who still advocate the abstraction of blood to remove congestion in epilepsy. This only shows with what tenacity men cling to a favorite theory. Had they lived in the days of Galileo, they would not have believed that the sun stood still, and the earth turned around; or, in the days of Harvey, they would sooner have believed that the blood stood still, or, at the most, ran out from the heart in the night and back before daylight, than have adopted his demonstration of the circulation.

The following remarks, in Copland's Medical Dictionary, on the Treatment of Epilepsy, are directly in point:—"Bleeding has been advised in the paroxysm; but unless in the epileptic convulsions of the puerperal states, or when the fits are attended by very marked plethora, or cerebral congestion, or in a first attack, especially upon the suppression of some sanguineous evacuation, it should be deferred." I think it should be deferred in most of these cases, as will appear in his own remarks. "Besides, it cannot easily be performed in the convulsive stage of the paroxysm, at which time it is most appropriate. In the soporose period of the fit it should not be resorted to, unless apoplectic symptoms be present. I have seen it at this stage cause a return of the paroxysm as soon as sensibility had been partially restored. A gentleman residing near Portman Square, had been under my care, in the spring of 1833, for articular rheumatism. He soon recovered and went out of town. Towards the close of the year, whilst in Scotland, he had an epileptic attack, and was bled in the arm, and cupped soon afterwards. This was the second seizure, the first having occurred two or three years before. He returned to town immediately after this second attack; and when I saw him, there appeared no occasion for further vascular depletion; a course of alteratives and stomach purgatives was therefore directed. Three or four days afterwards, he had a third seizure, and was brought home in the soporose stage of the fit. I did not see him until about two hours afterwards; and then a physician, who had been called in whilst I was sent for, had had him cupped largely! But soon after depletion, and as sensibility was returning, the paroxysm recurred. The obvious course, in this case, was to have caused the patient to be removed to bed, and to have stated that nothing further was requisite in that stage of the fit, until the patient had partly slept off the exhaustion; when the physician in attendance would pursue that course

which his knowledge of the antecedent disorders and state of the patient would warrant. Whilst this was passing through the press, a man of middle size, apparently about 40, consulted me; and stated that he had been seized with the first paroxysm of the disease immediately *post coitum quinquies repetitum duabus cum puellis intro horas perpaneas*; that he had been bled to about a pint soon afterwards, and experienced a still more severe fit about a month after the first; that the third seizure occurred about a fortnight after the second, during which he fell down and cut his head, the cut part having bled a pint at least; that his usual medical attendant, arriving soon after the termination of this fit, bled him largely from the arm, but that as soon as the vein was closed, the fit returned, and that during the struggle the vein broke out, and the blood was allowed to flow until two or three pints were taken in addition to the quantities lost just before. The person who accompanied him to my house, on account of his weak state, and who witnessed the paroxysms, stated that this last was most severe; and that the fit which occurred during the depletion, and which was attempted to be put a stop to by continuing the abstraction of blood until a very unusual quantity was lost (about five pints in all), was remarkably prolonged and violent. The patient is now pale and weak, with a waxy appearance of the surface: completely exhausted physically and mentally, and constantly dreading a recurrence of the paroxysms. This case furnishes a very remarkable instance not only of the failure of large bloodletting in arresting or shortening the fits, but also of its influence in rendering them more frequent and violent when injudiciously prescribed."

The Latin in the above quotation, shows that excessive venery may be the cause of an epileptic attack, in accordance with our remarks above on masturbation.

Dr. Armstrong says, "Excess of venery is very often the occasion of epilepsy, and still more frequently, excess of that solitary vice, onanism, of which I have seen some most lamentable examples." Dr. Eberle says, "Excessive evacuations are among the exciting causes of epilepsy; and this is particularly the case with inordinate seminal evacuations, either from excessive venery or masturbation."

In these cases we have still additional proof of epilepsy being caused by *debility*.

I only add that Dr. C.'s resort to "purgatives" was but little if any better treatment than the other physician's use of the lancet. I am not opposing bloodletting, in cases where it is indicated, nor the use of purgatives where required; but it must be a rare case of epilepsy to demand either.

CHAPTER III.

Precocity, its effects—Caution to Parents—Precocious Children seldom make great men—Educate the body first—Treatment of epilepsy “in the books”—Cancer, scrofula and consumption, all constitutional, or *blood* diseases—Opinions of Dr. Rush.

Precocity an Exciting Cause of Epilepsy.—Precocity of intellect—or, rather, undue stimulus applied to the minds of children—is another fruitful source of *epilepsy*. That system of mental education which attempts to make men and women, scholars and philosophers, of little children, should be discountenanced by every parent, guardian, teacher, and, especially, by every *physician*. You, Mr. Editor, some time since published an article in your Journal, upon “too much study in our public schools.” Never was oracle more true than those remarks. I wish every committee man, teacher, and the superintendent of these schools, and his honor the mayor, would not only read, but heed those statements.

The day of *infant* schools for *study* has passed. Thanks to a kind Providence that it has: its *death* will be the life of many a child. If one half the study now required of pupils in our public schools were relinquished, and the children compelled to practise some athletic exercise instead, they would be great gainers, both as it respects mind and body.

Urge a child prematurely forward, and he soon becomes jaded; his intellect loses its balance. Nervous disease supervenes, and the little bright and sprightly child, the idol of its fond parents, their “little pride,” soon becomes the object of their solicitude and painful anxiety. The precocious intellect was quite too active for the body—“the sword too sharp for the scabbard.” With the pressing studies, the nervous irritation increased, and bodily health began to fail. The bright flashes of thought, the sparkling witticisms of the pale little thing, bursting from the overtasked mind, called forth loud applause from inconsiderate friends and ignorant admirers. Next followed nervous *spasms*; and, as the nervous system continued to give way, and the bodily energy to decline, *more food* was claimed; and the *more* food was taken, the worse for the child. The twitchings and spasms increased, till by some extra mental effort, or sudden fright, or overloaded stomach, the spasm became the convulsion, and *epilepsy*, with all its horrors, was apparent; and under the ordinary treatment, in all probability, irretrievable *idiocy* lies in the future before the child.

Such has been, and is now, the course pursued by many a parent; and such a physiological and hygienic perversion of nature, and of all her laws of action, can never fail to be visited by a sad retribution of an exhausted system of both mind and body. Here is another proof that

epilepsy springs up in an *exhausted* state of bodily and mental energy ; and, I may add, when the usual depleting course of *treatment* is super-added to this already jagged and worn-down child, he stands but a small chance of " ever seeing good days in the land of the living." But, as I shall speak of the *treatment* hereafter, I forbear at present.

Let me here warn parents and teachers, and ask *physicians* to warn them, against such a *hot-bed* course of education as I have portrayed above, and is too often pursued. Beware of wishing to see your son or your pupil a *genius*. You will be quite as likely, in the end, to see him an *idiot*, or be called to follow him to an untimely grave. If you are a parent, by pursuing such a course, instead of planting a tree which will furnish you with refreshing shade and comfort in your old age, you will throw the dark mantle of the most bitter reflection over the meridian of your life, and be compelled to drain to the dregs the chalice you have poisoned, in the blighted body and unstrung mind of your child. Such precocious children need *holding in*, rather than *spurring on*, in intellectual culture. Better, far better, would it be for them, and the parent, if, like Rousseau, in the training of his *Emilius*, they should not be allowed to learn a word till they numbered a dozen winters. Such an early development of the mental powers is altogether unnecessary, even if the child is designed for a scholar. Almost all our scholars graduate from college *too early*. Their bodies are injured by too much study in *early life*, and their education is not half as thorough, or as valuable to them, as it would be if they were half a dozen years older than they usually are. They verify the old adage, " soon ripe, soon rotten." Men of the brightest parts, and the most brilliant scholars and philosophers, have been considered almost *dunces* and *blundering logger-heads* when children. But they have endured and studied for a long life, while the *hot-house plants* have put forth their butterfly-brilliances, have shone for a day, and withered, like the angry prophet's " gourd," the first night. Sir Isaac Newton, Walter Scott, and Andrew Fuller, were all dull scholars in childhood ; and yet, who have been more eminent than they in the field which each chose for himself ? Each of them accomplished more in philosophy, or literature, or polemics, than all the men who were ever reared from precocious children. Our whole educational system is in a wrong direction. It commences wrong, and is carried on and ends in the same way. It is opposed to physiological laws. They demand the education of the *physical* powers first ; this commences with the mental.

The treatment of epilepsy laid down in medical works generally, it is believed, has augmented, rather than relieved, epileptics. From the re-

marks already made by the authors quoted, it is evident that the use of the lancet is in no way serviceable in epilepsy. I am not now speaking of epilepsy complicated with apoplexy or with any other disease; but of epilepsy alone. Bleeding is not necessary to remove congestion *before* the fit, for that does not take place till the *fit has come on*. It is not necessary to *cut the fit short*, for both Drs. Radcliffe and Copland have shown that it not only does not do that, but that it induces a new attack more violent than the preceding. For what, then, can it be necessary? Its effect is to debilitate the already too much debilitated system.

The same may be said of the administration of *purgatives* in general, in cases of epilepsy. I would not say but that in a person of robust habit, not predisposed to be nervous, who had induced an epileptic seizure by eating enormous quantities of indigestible food, a *cathartic* might do less mischief than the retention of such materials in the system.

Under such treatment as is above referred to, for epileptics, it is not strange that both patients and physicians should become discouraged and settle down into the belief that these were *incurable* cases, and as "*sic volvere Parcas*," they must bear the calamity as well as possible, upon the principle of the old adage—that "what can't be cured must be endured."

Far be it from the writer to intimate that all cases of epilepsy are curable, and quite as far be it from him to deny that the course of treatment usually pursued has not oftener rendered such cases incurable, than the original disease did. In this opinion I am happily borne out by the remarks of Drs. Radcliffe and Davey in the London Lancet. Dr. R. showed that the condition of the patient "was itself an insuperable objection to bleeding and purging in this malady, and an argument for the necessity of stimulants and tonics, and all means which could corroborate the system." Dr. Davey said, "Epileptics were best treated by tonics, and a judicious and discriminating diet. In the treatment of all nervous disorders, practitioners had gone too far generally, on the anti-phlogistic system, by which he was sure many cases had been rendered *incurable*."

The idea that epilepsy has its origin in the blood may not be new, as it has already been shadowed forth in the remark quoted from Dr. Carpenter's Physiology. But we feel full well assured it is the *correct* idea. Long since, it was declared by the Jewish Lawgiver, Moses, that "the life of the flesh is the blood;" and though this idea has been controverted and re-asserted, rejected and re-revived, many times since the days of Moses, it is now generally conceded by physiologists that he was right, and that "the blood *is* the life." Every intelligent physi-

cian knows that almost all (perhaps quite) the chronic local diseases which invade and ultimately destroy the human body, originate in the blood. This is confessedly the case with cancer, scrofula, syphilis and consumption. Do what you will of a *local* nature ; apply what remedies you please directly to the diseased organ ; extirpate, burn, cauterize, scarify, inhale, bleed, blister, cup—all is to little purpose, unless you can eradicate the poison, and change, invigorate, purify and build up the system. In this respect no small share of medical practice, in by-gone days, has been carried on upon a wrong principle ; and, happily for the good of the patient and the credit of the doctor, many eminent practitioners have recently seen the error and changed their practice. Twenty-five or thirty years ago almost every physician believed, for instance, that “*scrofula* was to be purged away by drastic cathartics, and bled away by the effusion of the crimson fluid ;” and many a patient has been *cathartised* and *exsanguinated* till he found refuge only in the grave. But such practice at the present day would not be tolerated, and the doctor who should advise such practice in this disease would be considered half a century behind the age.

What is true, in this respect, of *scrofula*, is equally true of cancer, secondary syphilis and consumption. Not one of them can be cured, or was ever cured, by drastic cathartics, extirpation, or the shedding of blood. In cancer, for instance, it is now the expressed opinion of some of the best surgeons abroad, that, while the life of the patient may have been prolonged by the use of the knife in some few cases, on the whole, taking into account all the operations, it has been of no benefit, if not positively injurious. The same may be said of the other diseases above named ; and it may be emphatically and truthfully said of *epilepsy*. Some remarks in the Boston Medical and Surgical Journal (since these articles were commenced, Vol. LI., p. 151), from the pen of Dr. Cartwright, fully harmonize with the views here expressed. “The best definition,” says Dr. C., “ever given of pulmonary consumption, was given by Dr. Benjamin Rush, when he called it an *all-overness*. He viewed it as a disease of the whole system, and not of any particular part. It is an *all-overness*, because it is a disease of blood origin.” This is undoubtedly correct, as it respects *consumption*, and the remarks may as truly be applied to *epilepsy*.

CHAPTER IV.

Various Recipes—Recorded Cases—Case by the Patient—Effect of Mind on Disease—Melancholy Patients—Five Rules in Treatment—Medicines—Remedies should be adapted to each individual Case—Medical Books and Opinions.

It has already been shown that *bleeding* for epilepsy, and all other *nervous* diseases, is injurious. It has also been stated that *cathartics* (except in some few particular cases) are deleterious. For the instruction, if not for the amusement, of the reader of these "observations," I will now transcribe a few, out of a handful of *recipes*, which one patient brought me to show *what* he had taken. It may be added, these "*recipes*" were written by a medical gentleman of eminence, and who was for many years at the head of one of the hospitals of this Commonwealth; but the patient was never conscious of receiving the least benefit or the slightest amelioration of the disease, from the use of any of them. The first one, it will be seen, contains the *nitrate of silver*; a medicine very often prescribed, in this disease, and recommended in "the books," but which I have never known to be of the least service; and it often gives the skin a peculiar *hue*, neither that of the Indian nor Negro, but more uncomely than the former, and as indelible as the stain of the "Ethiopian," or the "mark of Cain." This gentleman had this mark fully set upon him. Here are the "*recipes*."—R. Nit. argent., ʒ ss.; ext. stramonii, ʒj.; nux vomica, ʒ ss. Make into 50 pills with crum of bread. Dose, one every night and morning.—R. Strychnia, grs. xij.; vinegar, ʒ ij. M. Dose, ten drops three times a-day, in sugar and water.—R. Wild cherry and prickly-ash bark, āā ʒ viij. Put it into a gallon of soft water; boil till two thirds are evaporated; add two pounds of brown sugar. Dose, a wineglassful before each meal.—R. Chloric ether, ʒ ij.; spts. camphora, ʒ ij.; spts. nit. dule., ʒ ij.; M. Dose, a teaspoonful three times a-day in water.—R. Oxide of silver, ʒj.; ext. conium, ʒij.; colocynth, ʒj. M. Ft. pil. no. 60. Dose, one ter diem. If the *silver* must be employed, for fashion's sake, this preparation is much preferable to the *nitrate*, as it is not so apt to *tinge* the skin.—R. Tinct. nux vomica, ʒ iv.; tinct. stramonii, ʒ jss.; chloric ether, ʒ ijss. M. Dose, a teaspoonful three times a-day.—R. Fowler's solution, ʒ ss.; chloric ether, ʒ ij. M. Dose, fifty drops at bed time, in water. This, so far as the *tonic* property is concerned, might do very well; but some recent examinations abroad, into the *ultimate* results of the long-continued use of arsenic, have shown that it is not a very *safe* remedy.—R. Ext. nux vomica, ʒij.; ext. stram., ʒ ss.; oxide silver, ʒj.; crum of bread, q. s. Pil. no. 60. Dose, one

ter diem.—R. Tr. nux vomica, \mathfrak{z} iij. ; spts. laven. comp., \mathfrak{z} ij. M. Dose, twenty-five drops three times a-day in sugar and water. Increase to thirty drops.

These were *bona fide* recipes, brought by a patient, with others, as mentioned above ; but it is presumed this sample is sufficient for the convenience of any, who, when they know not *what* to do, may be disposed to do, they know not *what* ; because it is a maxim that every doctor *must do something*.

I have kept a record of all the cases of epilepsy which I have treated, and have carefully noted the cause of the disease (so far as it could be ascertained), with the treatment and its result both before and after the patient came to me. By this careful examination of each case, I have endeavored to arrive at some conclusions which might be of service in others.

There is one curious circumstance connected with the treatment of epilepsy. It is the effect of the *mind* on the disease. This effect is often so great as not to be mistaken or denied. If the patient *believes* that he is to be put upon a course of treatment, under which he will recover, his fits will diminish in number. I have witnessed this in many cases ; and I believe whatever the remedies prescribed may be, provided they are not absolutely injurious, if the patient thinks he shall be cured, his number of fits will diminish. I have seen this in so many cases, where ultimate recovery did not take place, that I cannot doubt the fact. Under a new remedy, or a new doctor, especially if he have a reputation for having cured the disease, the patient will improve. It is upon this principle that the *Romish priests* cure epilepsy. An Irish girl, once living in my family, said of an epileptic, “ why don’t he go to the priest ? ” Upon being asked if the priest could cure such persons, she answered, “ O law, yes, they always cure them.” It was the same principle which once gave such a reputation to the *mistletoe* for curing this disease, and to charms and spells, and to taking *powdered skulls*, and to an hundred other enchantments. The sick always love and seek *mystery*. All this shows how much the body is affected by the mind. Make one half the epileptics believe that they *cannot* have fits, how much soever they may try, and it will operate powerfully against their having them. Hence the philosophy of mind, as well as body, needs to be studied by the physician.

In all those cases where the fits continue (and they are numerous), after the original cause has been removed, or ceased to act, this powerful effect upon the mind is all that will be necessary to stop them. In cases where the following symptoms prevail, I look upon the patient

as incurable: when he is sad, dumpyish, silent; in a word, when he has lost all energy and courage. I have never known a patient of this description recover. The better the spirits, the greater is the hope of recovery. There is one peculiarity found in almost all epileptic patients, to which I will refer in this place. It is an unusual prominence or fullness and roundness of the eyes. They appear very round and project from their sockets, like the eyes of a rabbit. I have supposed this not to be original in these cases, but caused by the repeated attacks, and, probably, augmented by each new accession of the convulsion when the brain, of course, becomes congested.

I have generally found those cases the most difficult to remedy in which the *attacks are uniformly in the night*. Such has been the fact; but the philosophy of it, I leave to abler hands. Those cases, too, in which there are frequent *spasms* between the convulsions, are more difficult of cure than those in which the fits occur regularly at certain periods without the spasms.

In attempting to benefit an epileptic, several indications are to be fulfilled.

In the first place, an absolute control must be maintained over the *diet*. I have no doubt that the case related by Dr. Alcott, in the fifty-first volume, page 39, of the Boston Medical and Surgical Journal, was effected as there stated; and the reason that more cures are not performed in the same manner is, that neither physicians, patients, nor their friends, will pursue that course, as it respects *diet*, which it is absolutely necessary to pursue. I lay it down, then, as an absolute law, as fixed as "the laws of the Medes and Persians," or as any part of Napoleon's dynasty, that the patient must comply with the prescription of the physician, as it respects *diet*.

From what has been said of the nature of this disease—that its original cause is in the blood—it will be readily seen that it is of the utmost importance *what* and *how much* food is taken; for all physicians know that the whole constitution—the whole mass of the fluids and solids of the body—may be changed by diet. This is the first rule, then—Mind the *diet*.

2d. The second is, *govern the mind*. Unless this is done, but little benefit can be expected from medical treatment. The disease is often induced, at first, by the mind. I mean, this is the *exciting* cause. If the patient will get excited, will not govern the mind, control the passions, and be quiet, let him go. You cannot cure him or her; and here, again, is the cause of failure in many cases.

3d. The *third* is, never let the patient rust out for want of some use-

ful occupation, and never allow him to become greatly *fatigued in body* ; if he does, he will certainly have a fit, all medicines to the contrary notwithstanding.

4th. The *fourth* rule is, *make* him abandon every *exciting* cause of the disease, such as spirit, tobacco, excess in sexual pleasure, &c.

5th. The *fifth* and last one is, give such medicines as are indicated by the nature of the disease and the state of the patient.

From what has been said of the *nature* of this disease, as the *original* cause, and from the various *exciting* causes, it will be readily perceived that the medical treatment must be *tonic*, *alterative*, and *quieting to the nervous system*. Now, every physician knows, or ought to know, *what* these medicines are, and *how* to use them.

Here is my mode of treating epilepsy. I have never made any secret of it, but have always consulted freely and openly, and without any reserve, with every physician who has brought me a patient, or asked for a consultation. I have never *promised a cure in any case*. I have generally seen and examined my patients, but not always. An interview is always desirable, though I have prescribed for a patient afflicted with epilepsy, and with success, without seeing him.

The writer has often been applied to, from persons at a distance, to treat cases of epilepsy. Many of the applications have been by letter, from strangers, either the patients themselves, or their friends, and have usually requested medicine to be sent. Such calls seem to indicate to me a very singular and undesirable state of feeling in society, upon medical science and medical practice. If I am not mistaken, they unfold, to some extent, the secret upon which quackery is dependent for its great success ; and it is this—a want of information upon medical subjects, or of a proper understanding of the nature of diseases. People think, if one has been cured by a particular medicine, all may be cured by the same medicine, of the same disease. They are perfectly sincere on this subject. They seem not aware that a disease which, like epilepsy, for instance, appears the same substantially in all cases—which affects the nervous system and manifests itself by a loss of consciousness and convulsions, essentially the same in all, can arise from fifty different causes, and in each case requires the removal of *its particular exciting cause*, before it can be cured.

But such every medical man knows to be the fact. A man receives a bullet in his thigh, and it injures the great sciatic nerve, and epilepsy is the consequence ; or falls from a building, and a fragment of the bone of the cranium presses upon the brain, and epilepsy follows. Another eats an enormous meal of indigestible substances, and has the “glutton’s

groans ;” the organs are overwhelmed, and epilepsy ensues. Another over-stretches and over-tasks the intellect ; he becomes first nervous, then unable to command his mind, is then lost, and epilepsy follows. Another is half frightened out of his wits, and epilepsy is the consequence. Another has measles, smallpox or fever, and they leave him with epilepsy. These are not a tithe of the exciting causes of this disease.

But in every case of epilepsy, people seem to suppose that the physician, especially if he be at all skilled in treating this complaint, can prepare and send a medicine which will cure it. or, at least, do as much good as though he saw and examined the patient, and then prescribed for him.

To a gentleman who recently wrote me to send him medicine for his son, I returned an answer, that “ I wished to see him before I prescribed for him : that as epilepsy arose from so many different causes, and put on so many different phases, it was necessary that I should examine into his case before I could prescribe for him *understandingly*.” He returned an answer, that “ he had supposed epilepsy was the same in all cases.”

“ Now, there is a truth in this—epilepsy is epilepsy. But the inference drawn from this fact, namely, that the same remedy will cure it in all cases, is an erroneous one. The cause must be removed, before the effect will cease.

But there are those in the community who will take advantage of such opinions, and throw into the market compounds, which they say will *cure fits*, and sell them at exorbitant prices, to be used promiscuously in all cases of epilepsy. All medicines of this kind, thus swallowed *at random*, without the advice of any attending physician, who has examined into the cause and nature of each case, are, nine times out of ten, injurious ; and I would caution those who are anxious for their own health or that of their friends, to beware of all such pretenders. They may have a medicine which has succeeded in curing one case ; but it may do serious injury in another, which has arisen from a different cause, and would, for that reason alone (not to name others), do more injury than good.

Among the *tonics* which I have used with the greatest success, have been the various ferruginous preparations, those of zinc, and the barks, with the *hydrastis Canadensis*. Among the *alteratives*, I have found the *sanguinaria Canadensis*, the *podophillum peltatum*, *leptandria Virginica*, *iris versicolor*, *stylingia sylvatica*, and, in some few cases, the iodide of potassium, the most efficient. Among the *sedatives* or *narcotics*, I have used the *stramonium*, *opium*, *scutalaria lateriflora*, *canabis Indicus*, *artemesia vulgaris*, *asclepias tuberosa*, *valeriana officinalis*, *cotyledon umbilicus* or wall pennyworth, and *digitalis*. If I have been compelled to

use any thing of a *cathartic* kind. I have employed the mildest aperients of the *Materia Medica*, and have ceased to use them as soon as possible. I have generally found cathartics to keep up, rather than allay, irritation.

The *cotyledon*, when I commenced employing it in epilepsy, was not to be found in any of the shops in Boston, though it may now be had almost every where, and has been recommended in several of the medical journals. The first which I used, I procured in New York. I then got a Boston house to import me four ounces, from England, for which they charged me the *moderate* sum of ten dollars. It was the extract, or expressed juice of the plant. I have since bought it, in considerable quantities, in New York, at seventy-five cents an ounce. Indeed, I had procured it there for one dollar an ounce before the ten-dollar four ounces arrived from England. The herb does not grow in this country; at least, not in the Atlantic States. It is said there grows a plant in California which much resembles this, and its properties are thought to be very similar to those of this European herb. But I have not seen it. It is not officinal, and not found in the U. S. Dispensatory. The fact that it was not there to be found, procured me a considerable of a scolding from a doctor in the country; or rather, a scolding about me.

A man called on me to prescribe for his son, who was subject to epileptic attacks. I told him they were caused by *masturbation*. The son said he had never been addicted to it. The father (credulous, as many fathers are), believed him, and said, "his *doctor*, at home, did not think that was the cause of the fits." I told them both (father and son) that I had no doubts on the subject, and prescribed for him accordingly. He returned home, took the medicine, as he said, and was no better. The father wrote me that his son had not improved by the medicine, and he was confident I was mistaken as to *the* cause of the fits. I told him I thought I was not. In a few weeks, both father and son called on me again. The father said he had a confession to make. The son acknowledged he had been addicted to this vice for a long time, and had continued to practise it while taking my medicine. He promised reformation; but, I think, never reformed. The father wished me to inform his family doctor what the medicine was, so that it could be administered under his care. I told him I would do so, and did. It was a combination of *cotyledon umbilicus* and *stramonium*. In a few days the father returned, very much discomposed, saying his doctor said "there was no such medicine." I read him an account of its use from the fifth volume, page 410, of the "Charleston Medical Journal," and from several other works. When he was permitted to read it with his own eyes, he thought it was strange that *his* doctor did not know about it. Thus I was held

responsible for the ignorance of his doctor. This medicine is by no means a new one for epilepsy, though I am not aware that it was employed for this disease by any physician in this country. at the time I commenced its use. I have since, in consultation, advised its employment with other remedies, to many physicians. I have known it fail in some cases, and succeed in others. I do not consider it, by any means, a *specific* for epilepsy. Nor would I advise its use in all cases, whether the epilepsy be caused by self-abuse, by worms, by crude and indigestible food, or by some other excitement; and, where it proves useful, much is often depending upon its being properly combined with other remedies. The cases in which it will succeed alone, are, I apprehend, comparatively rare. The two remedies with which I have more commonly combined it, have been the sanguinaria as an *alterative*, and the stramonium as a *narcotic*. In this combination, I have found it operate more favorably than either of these medicines when used alone.

In each individual case of the disease, the exciting cause is to be carefully sought, and when found must be removed. Then, the debilitated state of the whole mass of blood is to be altered, or the blood invigorated; and, in accomplishing all this, the common sense and judgment of the physician are to be put in requisition, rather than the antiquated dogmas, either of "the books" or "schools." Any one who has read the history of medicine, and seen how often one theory has been prevalent, and then suddenly given place to another, and that to a third, and so on almost *ad infinitum*, must be convinced that but little confidence can be placed in this everlasting circle of conflicting opinions.

CHAPTER IX.

Cases, with Recovery.

CASE I.—Mr. ——— called on me Aug. 8th, 1849. Aged 24 years. Has had *fits* eleven years. Had *nervous spasms* previous to the fits for three years. He is a boot-maker by occupation—knows no cause for his convulsions. Sometimes has two or three *fits* in succession; frequently has *spasms* without loss of consciousness, and without convulsions. Has most of them in the latter part of the night. *Appetite voracious*. Bowels generally loose; usually has an operation from the bowels and a *fit* before breakfast. He is of a nervous temperament, and has the marks of a debilitated system and broken constitution. Was addicted to masturbation when a boy. Hands and feet cold, indicating

a low state of the circulation. Works upon the bench every day, and eats three full meals, laboring till 8 o'clock at night, then eating a hearty supper, and immediately retiring. Gave him his remedies; told him to live light morning and noon, and *take no suppers*. Had a fit the first morning after prescription, and no more for a year. Gained twelve pounds of flesh in three months, living without suppers. He afterwards returned to his old habits, and his fits commenced again, but has never had them half as often as before. His case depended wholly on himself, and he might have been permanently cured, *if he would have paid the cost of temperance*.

CASE II.—Mr. ——— was brought to me by his father, Aug. 27th, 1819; aged 16 years. “Was troubled with humors when a child. Was ten years old when he first had *spasms*. He sees sparks of fire and his eyes glare for the last two years. When he had the first fit, the family doctor was called in, and gave him calomel.” His father “thinks his *fits* were caused by his bad temper.” His older brothers finding him to be irascible, were in the habit of provoking him, to see how angry they could make him. It was in one of these fits of anger that his first epileptic attack occurred; and whenever he afterwards became angry, he would fall in a convulsion. He improved under treatment for six months, but fell, finally, a martyr to his ungoverned passions, and the folly of his brothers.

CASE III.—Miss ——— applied to me May 2d, 1847; aged 47 years. Has been subject to fits fifteen years. Falls down suddenly, and has to be carried out of church often. Always has a fit after being much fatigued or excited. Is a laboring woman. She recovered under a well-regulated diet and the use of the remedies before named. Got married, and has had no return of the convulsions for the last seven years.

CASE IV.—Mr. ——— applied April 6th, 1846; aged 21 years. Has had epileptic fits for four years, since he had the measles. Is a boot maker by trade. Health generally feeble—a fair specimen of those debilitated constitutions in which epilepsy prevails. Was put upon a spare and nutritious diet, with the medicines before named. Has had but one slight convulsion since, and that was induced by fatigue and fright on the day of the celebration of the introduction of the Cochituate water into Boston. He was a member of the Sons of Temperance, and on that occasion stood on his feet from 9 A.M. to 4 P.M. He said he was spoken to in a quick, sharp way by one of the officers, and with the fatigue and this sudden fright, had a slight convulsion. He has now had no fits for several years, and enjoys tolerable health, though, with his enervated constitution, he can never be strong.

CASE V.—Miss ———, 17 years old, was brought to me by her father, March 12th, 1849. She had been subject to convulsions from the time she was 8 months old, but had only one at a time. At this period she had one a week. Her father said, “She had been under *regular* treatment, under homœopathic, hydropathic, eclectic and Thomsonian.” I gave her a small vial of medicine, composed of *tr. stramonii et cotyl. umb.* When she took it, she exclaimed—“Is this all? Why, where I have been, I used to carry home my arms full of medicine.” The 25th of April, she called again. Had had but one fit during the last six weeks. I prescribed for her again, and then lost sight of her for three months. Then the following incident occurred, which shows the *honesty* with which patients or their *friends* sometimes deal with physicians. Providentially meeting her father, he said “his daughter was no better, and he was almost discouraged.” I replied, she seemed better when I last saw her. He said, “yes, she did; but she is no better now.” In a few days, the patient came to see me again, and, upon telling her I thought she seemed better when I last saw her, and inquiring where she had been, what doing, &c., she said, “Yes, she was, but a good friend of theirs paid ten dollars for a package of *Dr. Hart’s* medicine [I think it was], and sent it to them, and it was so well recommended that her father insisted upon her taking it, which she had been doing, and *the worse* was the result.” She *improved* again under my prescription, but continued, at my last knowledge of her, to have a fit about once in three months. She was a spoiled child—wilful, and ruled both father and mother, and not with a very *silken* sceptre. We shall see, as we proceed, that *fits of madness* were often *the* devils which possessed epileptics, and we may rest assured that no others are more *devilish* than these often are.

CASE VI.—Mrs. ———, a married woman, aged 38 years; began to have fits soon after confinement with her first child, when 19 years old. Previous to the birth of the child, was bled, for fear of convulsions. Had convulsions soon after being bled. The child was born while the convulsions lasted. She remained insensible for three days. Four weeks afterwards had spasms in the night. Has since had fits once in seven weeks, two at a time. Has no premonition of them; and the first she knows, finds her friends rubbing her. Has been treated by all kinds of doctors. Two years after the first fit, she had a living child. Hands and feet usually very cold. Has been bled seven times. Her fits are lighter* during pregnancy. Is very subject to headache. Has her fits always in the forenoon. She was so much improved while taking valerian, sanguinaria and stramonium, that her fits were but half as often as she had had them previously. But she did not wholly recover under my

treatment. I have not heard from her for the last four years. She thought being bled always injured her, and I doubt not her opinion was correct.

CASE VII.—Miss ———, aged 35 years, has had convulsions since she was 14; knows of no cause for them. Has had them as often as once in three weeks. General health poor; extremities cold; appetite good. Has very singular feelings for several days previous to, and several days after, a fit. Once took medicine from a lady in Roxbury, and had no convulsions for four years. Then took medicine from Dr. Lyman, of Woodstock, Conn., and was free from convulsions again for nine months; since which time, they have returned, as formerly, once in three weeks. Prescribed *oxide zinci et cotyledon*, under which she went six months without a return of the disease, when she was taken with dysentery, and died.

CASE VIII.—Mr. ———, aged 56 years; a distiller (in the days when distilling was an honorable business as well as lucrative). Seven years since, he had a convulsion, supposed to have been induced by fatigue. Six months after, had a second attack. Has since had them as often as once in three months. Head often dizzy, but not painful. Food distresses him if he takes too much. Has been in the habit of taking physic almost constantly for several years—a sufficient cause to make any well man sick. Now has his fits always in the night. Thinks he has taken all kinds of medicine. Extremities cold. Has been troubled with rheumatism. Prescribed *cotyledon and stram*. Had no fit for four months. Has had one since, but none for the last two years.

CASE IX.—July 16th, 1849, a clergyman brought to me his son, aged 10 years. His mother had a sister who was epileptic. This was one of those numerous cases in which the disease is induced by forcing the mental powers and neglecting the physical. At the age of six years this child (usually bright and sprightly, and of a nervous temperament) could read English and Latin well. Then he became highly excitable; soon had spasms, and these soon terminated in epileptic convulsions. At the present time, he has a convulsion almost every day, usually early in the morning. His appetite is voracious, and he has been allowed to indulge it *freely*, as he is a *feeble* child and has a large share of compassion both from a kind father and an indulgent mother. I have no doubt that these two errors of his parents—first, the unnatural forcing of his mind, and secondly the full feeding of an unnatural appetite—were the cause of his convulsions. Once, upon being kept within reasonable bounds of eating for a single week, he had no convulsion during that time. Then, being permitted to visit a friend's house, where he

was allowed also to visit the pantry and partake freely of mince pie, cold pudding and squash (enough to make any well child sick), within twenty-four hours he had three epileptic convulsions. As no medicine could do any good with *such habits*, and as such habits could not be changed under *such parents*, all treatment was abandoned, and he soon died.

CASE X.—Miss ———, aged 17 years, came August 15, 1849. When six years old was struck with lightning, which injured one foot and destroyed one shoe. Has always been very *nervous*. Has now had convulsions about once in three weeks, for more than a year; is stupid in them usually from one to two hours. Has been under the care of an excellent and judicious physician, and under his advice has been kept from school for more than a year. She did not appear to be benefited by either *sanguinaria*, *cotyledon* or *stramonium*, which were tried for two months; but was entirely cured in six weeks, by an infusion of *digitalis*, ʒj. of the fresh dried leaves, to Oj. *aqua bull.*, of which she took ʒij. twice a-day, with gr. j. of valerianate of zinc in each dose. She has remained free from convulsions till the present (Sept 20th, 1854), a period of four years. Resides in Boston, and calls with her good mother about once in six months to tell me how well she is.

CASE XI.—Mr. ——— called December 15, 1849; aged 34 years. Has had epileptic fits fourteen years. Had been addicted to the *solitary vice* from childhood. Has convulsions once in three weeks; thinks they continue half an hour. When he has them often, they are less severe. His constitution is much shattered, and he is a mere wreck of a human body and would be, one would suppose, a sufficient warning to all who should see him, to beware of infringing nature's laws. Has some bronchial irritation; feet and hands cold; bowels sluggish. "Has taken a cart-load of physic," and is well *marked* with nitrate of silver. This case is bad enough, and it is difficult to decide whether the patient's present wretched state has been induced more by his vile habit, or by his *fourteen* years dosing and drugging. I think they have both contributed their full share to render his body what it is. He was too far gone to recover, but improved under *tonic* treatment so as not to have a convulsion oftener than once in three months.

CASE XII.—Mr. ——— came December 15th, 1849; aged 20 years. "Had the first spell when he was 13 years old; had *spasms* when 9 months old; is not regular in the spells, but has them once in two, three and four weeks; has them worse at the *new moon*." Whether this is really so, or only imagined, I am unable to decide. An eminent European physician, who had charge of a hospital for the insane, after many years came to the conclusion that his *insane* patients were "*more in-*

sane at every change of the moon." This patient is moody, sulky and melancholy. "Appetite good; always has a severe headache before a fit; feet and hands cold." He has every indication of a relaxed, debilitated system. "Has taken a great deal of medicine—been under a great many doctors; never *expects* to get well." He was not benefited by three months' treatment, and, probably, never will be. As already stated, I consider these cases of a *melancholy* temperament or cast, the most unpromising of any. They very rarely recover. In them, the effect of the *mind* upon the *body* is most disastrous. In such cases, the brain may have become diseased by the frequent congestions to which it has been exposed by the fits. It is, perhaps, an evidence of such a diseased brain, that few are so melancholy in the first stage of epilepsy, and those who are not, often recover under proper treatment.

CASE XIII.—Mr. ——— came December 28th, 1849; aged 34 years; by occupation a house-carpenter. Has had fits two years; knows no cause for them, but was taken with the first soon after sleeping in a damp place. Has but one fit at a time; generally has had them in the night, but now has them in the day-time. Has taken a great amount of medicine; "took *Dr. King's specific*" for a long time, but it did him no good. Has great pain in the head just before a fit. Was married two years previous to the fits. Hands and feet cold. Has every mark of a debilitated constitution. This patient came to Boston with a man servant, and remained here under treatment three months. The servant one day came running for me, almost breathless and apparently half frightened out of his wits. He said his master was in a dreadful condition—his lower jaw hanging down, and he unable to speak; wished me to go as fast as possible, as he feared he would be dead before we should get to him. I found him in great fright, walking the room, which was filled with some ten or a dozen persons in sad consternation. He was making an unearthly noise, neither speaking nor screaming. Having thrust the butt end of a clothes-pin between his teeth, I put my thumbs into his mouth, one on either side of it, and my fingers under the ends of the jaw, and pressing upward and forward, the two ends of the jaw readily took their places with a snap like the discharge of a pop-gun. A gladder fellow never lived. "O, doctor," said he, "you have saved my life. The Lord bless you." He was much relieved, but not permanently cured, while under treatment.

CASE XIV.—Mr. ———, aged 28 years, came January 10th, 1850. Is engaged in teaching in the winter, and makes boots in the summer. Enjoyed good health till he was 21 years of age. Commenced by slight tremors, and gradually increased till it came to this. His first

convulsion was in the year 1845 ; his second, two years afterwards. He has the *epileptic aura* in the left leg ; it begins in the foot and gradually ascends to the stomach, and when it arrives in the region of the heart, he sinks away and knows no more till he finds himself in the hands of his friends. His appetite is good. He is bilious, bowels costive ; does not sleep, but dreams. Has been married three years. Wife has had one child, stillborn. His fits latterly have been in the night, and they last ten minutes. Has had medical treatment in a hospital. His skin is discolored by taking *nitrate of silver*. He was much relieved, but not permanently cured by my treatment, which was a combination of sanguinaria, cotyledon and strychnia.

CASE XV.—Mr. ——— came Jan. 30, 1850 ; wheelwright ; aged 46 years. Had the first fit eight years ago—caused by *fright*. Had spasms two years before he had a fit. Had the first one in the night, and another in four weeks ; then went three months without another. Used to have the nose-bleed excessively some years before he had convulsions. Cut himself with a scythe and lost much blood, a short time before he had the first fit. Was often bled for his fits in the early treatment which he received. Has been under the care of a great many doctors ; does not know as he was ever benefited by any of them. His skin is tinged with *nitrate of silver*. This man was under my treatment one year ; at the end of which time he had no convulsion for three months. One year after, he wrote me, “ As to the spasms and fits, I hope I have got over them both ; I have had no fit for more than twelve months.” He took tincture of stramonium, tincture of sanguinaria, and the extract of cotyledon, in such doses as the stomach and nervous system would bear—occasionally changed for the ferruginous preparations, good living and plenty of old Scotch ale. I have no doubt his fits were caused by debility consequent upon great loss of blood.

CASE XVI.—Miss ——— was brought to me by her father, Feb. 5, 1850 ; aged 16 years. She is a beautiful and apparently amiable girl—lovely as an Houri, and formed in nature’s most perfect mould. Had one fit when 3 years old ; had another at the age of 7, and no more till she was 14. Has had turns of being faint for several years, about the time for the monthly period. Has a fit about once a month. Appetite voracious. She is very excitable, loves to go into company, feels ugly if her parents do not indulge her in this wish. Hands and feet cold. Has taken considerable medicine. One doctor prescribed the following, which she took without benefit, till he ordered it discontinued for fear it would *blacken* her skin—R. Nit. argent., ʒj. ; ext. hyosciamii, ʒij. M. Ft. pil. no. 60. Dose, one three times a-day.

When I informed her what I wished her to do, or rather, *not* to do, for it was principally to leave off what she was doing, she replied she was about as willing to have her fits. The prescription was that she must quit going into company, forbear everything that was exciting, bring herself within reasonable bounds of diet morning and noon, take no *suppers*, and retire early. After a few moments consideration she said she would *try*. I told her if she would try, I would, and I doubted not but she would recover. She resided in a neighboring State. Her father wrote me occasionally, and I sent her medicine as it was required. She had no more convulsions for four months. At the expiration of that time, her father wrote that she had had another *ill-turn*, and that it occurred on this wise. She had been assisting her mother (in the absence of their girl) about washing—had become much fatigued, and then partaken of a hearty dinner of *baked beans* and *cold pork*. This was so contrary to my directions, that I felt it my duty not only to administer medicine, but also a sharp rebuke. From that time to the present, a period of four years, she has never had a convulsion, has enjoyed good health, and is married and prosperous.

CASE XVII.—Miss ———, aged 17 years. The first attack was caused by fright, two years since. Her “spells” come on by her being unable to control her hands, and especially her feet, which fly like drum-sticks. During the few minutes which these motions continue, she remains conscious; she is then lost, and goes into convulsions. Has one of these attacks as often as once in three months. They commence by her feeling frightened, and the hands beginning to *jerk* slightly. Has been prescribed for by several physicians. She came under my care April 23d, 1850, and remained in Boston six months, during which time she never had an attack. Two years after, she became suddenly frightened, and had another “spell.” Since then, she has remained well; and her mother wrote me recently that she considered her “cured.”

CASE XVIII.—Miss ———, aged 18 years, came to Boston Jan. 28th, 1851. Subject to epileptic fits once in two weeks. During the first four weeks she had a convulsion every week, which was twice as often as she had been accustomed to have them. She then had no more for three months. She had prepared to return to her home, well, and in good spirits. I saw her the evening previous to her expected departure, and observing that she was much elated, cautioned her to be calm, and not to become excited the next morning. Notwithstanding this admonition, she slept but little, rose at 4 in the morning, and before 7, the hour for breakfast, had a fit. She then remained three months longer under treatment, and had no more during that time. When she had been free

from these attacks for some months, I providentially met the accomplished and skilful physician who had prescribed for her previous to her coming under my care. He inquired if I could "make her govern her temper." I told him I had succeeded tolerably well in that respect. He said he thought he "could have cured her of the *fits*, if he could have made her govern her temper; but there he utterly failed." I never doubted that he had the true view of the case. She was a "spoiled child," accustomed as she had been to govern father and mother, and all else which came in her way, except her own spirit. She will never be permanently cured of her fits till she governs her own spirit, and that, probably, will never be.

The preceding pages were first published in the Boston Medical and Surgical Journal.

*Boston, 630 Washington Street,
Dec. 1st, 1854.*

APPENDIX.

SOME may be disposed to ask, how it should happen that a private practitioner, in the course of a few years, should have some two hundred cases of this disease to treat? As the question seems to be a pertinent one, I will endeavor to put inquirers on the track of information.

I had treated one or two cases of the disease with some success, when a gentleman, named below, came to me and stated his case. I gave him no special encouragement; but told him, if he wished it, I would *try*. He said he did, and the following was the result, which he wrote and published, without my seeing it previous to publication, in one of the Boston newspapers. I add only, the gentleman is of high respectability, still living, and is now, September 6th, 1854, and has been ever since, in good health, and may be consulted at any time.

"I feel constrained by a sense of gratitude, and also by a desire to benefit others, who may be similarly afflicted, to acknowledge, through your columns, the relief I have gained by the use of a medicine prepared by Dr. Wm. M. Cornell, of Boston, 496 Washington st. For about seventeen years I have been subject to violent attacks of convulsion. They occurred at intervals, varying from two to seven weeks—the fits succeeding each other, sometimes to the number of seven or eight. During that time, I have been under the treatment of several eminent physicians in Boston and vicinity, sometimes following the directions of one for a year without relief. I have applied to the McLean Hospital, tested the efficacy of Thomsonianism for thirteen weeks, the Homœopathic system for two months, and, so desirable was health, that I even resorted to Mesmerism to disclose the cause of the difficulty and prescribe the remedy, but still my fits continued.

"Hearing of Dr. Cornell's success in similar cases, I called on him in September last, since which time I have taken his medicine and carefully followed his directions, with the exception of a single occasion. On the 5th of January last, being absent from home, I neglected to take the medicine, and owing to that circumstance, together with exposure, and some degree of excitement, I had one slight attack. From that time, I have enjoyed unusual health, and have since had no symptoms of the complaint that has probably caused me more suffering than would be experienced in a hundred deaths.

"N. B.—Any information will be gladly given by the subscriber,

WM. T. PAGE.

East Stoughton, Mass., April, 1849."

This advertisement, not exactly *professional*, as considered by some, brought me many patients, some of whom I had the good fortune to put upon a course which resulted in restoration to health, and who sent me others.

Let me here add a word about advertising. It does not seem now to be quite so unprofessional as it was a few years ago, since some half a dozen prominent Boston physicians have published their *cards* in the Boston Medical Journal, to treat *specialties*; and, more especially, since several other Medical Journals have *re-advertised* these cards gratuitously, for the sake of *criticizing* the Boston Journal for inserting them.

The accompanying letter, addressed to me with a special request that it might be published, no doubt also tended to bring this class of patients to me.

"Harrisville, N. H., June 29, 1850.

"DR. CORNELL—*Dear Sir,*—The following brief sketch of a case of epilepsy that occurred in this village, may not only be interesting to you, but if made public, be the means of directing others, similarly afflicted, in their inquiries for a scientific and successful medical adviser. In the month of October last, Mrs. Wright, a married lady, 26 years of age, of sanguine nervous temperament, was taken with epileptic fits, which continued to occur at first at intervals of some two or three weeks, but gradually increased in frequency and severity, till she would have them once in about four days, having some three fits at each attack. Being under my care, Mr. Wright, her husband, spoke to me about a communication he saw in a newspaper, written by one of your patients, who had been cured after having suffered from fits 17 years. I expressed my entire willingness in his obtaining some medicine of you, which he did the first opportunity, sending by Milan Harris, Esq., of this place. On receiving the medicine, she commenced taking it, according to your directions, with the most happy results, having never had a fit since. Previous to her receiving the medicine, she had an infant which she nursed, taken with the same disease, and I think I speak safe when I say it had more than five hundred fits or convulsions; but on taking some of the same medicine, it had the same beneficial effect. I will only add, that you are at liberty to refer any one to the husband of the lady, Mr. George L. Wright, for a minute and full description of the cases, by letter or otherwise.

"I remain yours, &c.,

L. K. HATCH, M.D."

EXTRACTS FROM LETTERS OF PATIENTS TO DR. CORNELL.

In addition to the extended cases above, of recovery from epilepsy under the treatment, I now make the following extracts from letters in my possession.

A gentleman came under my care Jan. 30, 1850. He had fits once a month. The 20th of Dec., 1850, he writes:—"I have had no fits for eleven months."

Another person, who had been afflicted with the same disease for ten years, certifies, under date of June 25th, 1851—"Since last January, I have had no fit, and enjoyed good health."

Another person, who had been subject to fits for fifteen years, every month, under date of June 25th, 1848, says—"Ten months ago, I was prescribed for by Dr. Cornell, since which time I have not had a fit."

A clergyman in New York State, whose wife I went one hundred and fifty miles to visit, under date of June 29th, 1852, writes—"Mrs. S. is now in good health, and has had no recurrence of ill turns for a number of months."

A clergyman, who came two hundred miles to consult me upon the subject of convulsions, one of which he had as often as every two weeks, after he had left Boston for three months, wrote—"I have had no fit since I left you in Boston. My sleep is good and quite refreshing, and my head is as clear as I can ask it to be."

A gentleman from a neighboring State, brought his daughter to me for medical advice. She had had convulsions once a month, quite regularly, for three years. Eight months after she returned from being under treatment, the father wrote of the patient—"She has had no fits since we were in Boston."

A gentleman in Canada, whose little son was under my treatment for epilepsy, (and who improved very much, though it was one of the most afflictive cases I ever had), wrote me, May 25th, 1852—"My family physician was at my place a short time since, and requested me to write to you to know whether you would prepare and send to him a bottle of medicine the same as you are giving to my

little boy ; as he feels satisfied it has been beneficial in his case, and he is desirous of trying it in a case which he has."

A gentleman, who had charge of an institution for paupers, requested me to prescribe for one of them, who had epileptic fits once a fortnight. I did so, and ten months after I commenced the treatment, he wrote me as follows—"The patient has had no fits since I wrote you last [it was four months]. I know of no cause for this favorable change, except your treatment of him. I hardly know which to give the most credit to, your medicine, or to making him leave off smoking and come within reasonable bounds of diet ; but at any rate, the credit belongs to you."

This list of references might be extended to at least fifty, who have thus been relieved of this terrible malady. The letters referred to will be shown to any who desire to see them, and the references to the persons given.

It is always desirable to see and examine the patient, and, in some cases, it is necessary for them to stop in the city a number of weeks. Of any physician who may send patients to him, he would request that the treatment which they have had should be fully stated, and all the circumstances of the commencement of the convulsions.

The Doctor treats the whole train of *nervous* diseases, not upon the *depleting*, but upon the *nutritive* and *restoring* plan. These diseases, it is well known, are among the most distressing, annoying and dangerous to which the human body is liable, and the physiological and pathological study of them and their treatment he has been carefully investigating for many years.

From William M. Patterson, of McCollensburg, Penn., to whom I sent medicine for a young lady afflicted with epilepsy, some three months since, under date of Nov. 14th, 1854, I received the following :—"She is decidedly better, so far as we can judge. She has not had a bad spell since she commenced taking your medicine, and I am now in strong hopes she will be entirely relieved."

From a very excellent lady in the city of New York, whose husband is an old gentleman nearly seventy, and who has had epileptic attacks for nearly thirty years, under date of Nov. 22d, 1854, I have the following :—"I cannot let my husband be without your medicine. I think him, so far, very much benefited by it. I feel very much encouraged."

Another gentleman, who has been under my care for more than a year, writes me, under date of Nov. 25th, 1854—"The last fit I had was the 25th of September, two months to-day. Would you advise me to marry?" When I commenced treating this case, he had an attack as often as once in two weeks. As he has long been engaged to an estimable young lady, it is not singular that he should feel anxious upon the subject of marriage.

I could fill a volume with similar quotations, and could give some ludicrous remarks of some of them, as it respects their former doctors.

I have thought it advisable to insert the following questions, to be answered numerically by those at a distance, who may wish to consult me respecting themselves or their friends.

1. What is the age of the patient? Male, or female?
2. What the occupation?
3. How long subject to epilepsy?
4. What the state of health for some time previous to the first epileptic attack?

5. What were the circumstances attending the *first* attack ?
6. How often do the convulsions occur—are they by day or by night, or both ?
7. Is the patient subject to spasms, or momentary loss of consciousness between the fits ?
8. Is the appetite bad or voracious ?
9. Are the bowels costive, or irregular in any way ?
10. Has the patient ever been troubled with either *pin* or *stomach* worms ?
11. Has he had scrofula ? If so, how was it formerly manifested ?
12. Has he ever had hæmorrhage, or been bled ?
13. Married or single ?
14. If a male, was he ever addicted to masturbation ?
15. If a female, has she been *irregular* ?
16. What has been the former treatment ?
17. Are the attacks more or less frequent than formerly ?
18. Are the spirits good, or is the patient moody, silent, and discouraged ?
19. Will he follow directions ?
20. Is the mind much impaired ?

203

OBSERVATIONS ON EPILEPSY,
WITH CASES.

— ✓
By WM. M. CORNELL, M. D.

18020

